

GREEN FIELDS PRESCHOOL FIELD TRIP PERMISSION WAIVER AND RELEASE OF LIABILITY

I _____, the parent of _____ (“my child”), give permission for my child to attend field trips while attending Sweet P’s Pre-K.

I understand that personal injury can and may occur to my child, and I hereby authorize **Green Fields Preschool’s** designated employee/volunteer, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Green Fields Preschool**, its employees, agents and volunteers, from any and all liability including, but not limited to, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event. I acknowledge and accept the inherent risks of zoos, museums, and parks.

I give permission for my child to ride in any vehicle designated by **Green Fields Preschool**, its employees and adult volunteers, while participating in and traveling to and from this event. I have inspected my child’s car seat or booster, and it’s installation, orientation, and location and assume any and all and all liability including but not limited to, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child. I acknowledge and accept the inherent risks of transporting my child in their designated car seat to parks, zoos, and museums.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property while on the field trip to businesses associated with the field trip or vehicles used for transportation to the field trip.

I agree and consent to all of the above stated.

(Parent Signature)

(Date)

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)